Youth Camp Safety Advisory Council
Annual Report

YEAR:_____

Maryland Department of Health & Mental Hygiene
OFPCHS/Center for Consumer Health Services
6 St. Paul Street, Suite 1301, Baltimore, MD 21202-1608
Phone (410) 767-8417 or Toll Free 1-877-4MD-DHMH ext 8417
Fax (410) 333-8926

- **At the end of your camping season**, please complete the information below and submit the completed form to the Department of Health and Mental Hygiene (DHMH) at the above address or fax number. Maryland Certification for Youth Camps, COMAR 10.16.06.06, requires that an operator files an annual report and any required injury/illness reports within 2 weeks of the end of camp.
- If you do not submit an annual report and any required injury/illness reports within 2 weeks of the end of camp, you are in violation of the Certification for Youth Camp Regulations, COMAR 10.16.06.06. **According to Certification for Youth Camp Regulations, COMAR 10.16.06.14 this Office may deny your renewal application for failure to submit this annual report and any required injury/illness reports.**

➔ Camp Name _____ Certificate #_____

➔ Camp Address: _____ City:_____ State:_____ Zipcode:_____

➔ Complete the following chart with the understanding that a camp may operate continuously throughout the season or with breaks in operation (i.e. weekends).

Week	Weekly Operation Dates		# of Days (A)	# of Campers (B)	# of Camper Days (A x B)	# of Reportable Injuries	# of Reportable Diseases/Conditions	# of Fatalities	# of Staff
	Start Date (MM/DD/YY)	End Date (MM/DD/YY)							
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
Please Total These Columns →→→									

➔ **Total number of individual campers attending camp: _____** ***(Count a camper that attends more than one session only once.)***

If not previously done, submit the required injury/illness report form(s) to DHMH, for each individual involved, with this annual report. In order to maintain confidentiality, remove camper/staff member's name and other personal identifiers from the completed injury/illness report form before submitting.

➔ Signature_____ Date_____ Phone # _____

➔ Print Name and Title of Person Completing this Form_____